

Foster Family Home - Corrective Action Report

Provider ID: 1-510653

Home Name: Virginia Montano, CNA

Review ID: 1-510653-8

91-1037 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/5/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

(16.b.5) no confidentiality training to the 5 house hold members renting a portion of the house (divided by a sheet)

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4) no disclosure since moved to new household and 5 adults live in a section of the home divided by a sheet
(41.f.1) No TB screening done on 5 adults live in a section of the home divided by a sheet

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) no record of fire drill since December 2017

Foster Family Home Quality Assurance [11-800-50]

~~50.(e)(4) Interviews with community care foster family home caregivers and other adults in the home, and service sub-contractors.~~

Comment:

Error no deficiencies in this area noted.

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Foster Family Home **Client Rights** **[11-800-53]**

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Have daily visiting hours are written as 9am - 3 pm which violates My Choice My Way federal rule for unlimited visiting hours

Foster Family Home **Records** **[11-800-54]**

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(b)(1) Home chart is in disarray making it difficult to survey

54.(c)(2) Service plan for client #1 is missing completely

A. Chamberlain RN
Compliance Manager

Dwayne Mortensen
Primary Care Giver

2/04/2020
Date

2/04/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: VIRGINIA MONTANO

CCFFH Address: 91-1037 KAUUKI ST Ewa Beach HI 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---|
| C.16.b.5) | Provided training on Confidentiality policies and procedures & chart prior up rights to CG 2 & 5 HMM was done & sign attached to Home Chart. | 2/7/20 | All new Caregivers & household members must train w/ in XX days being added to the home. |
| C.41.b.4) | Disclosure form & household member was filled up & signed attached to home chart | 2/7/20 | All caregivers & HMM must fill up & sign the Disclosure form w/ in 20 days as requirement and attached in home chart. |
| C.41.f.1) | T.B Clearance to all 5 HMM was done & the result file into home chart | 2/8/20 | Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due. |

Primary Caregiver's Signature: Virginia Montano

Print Name: VIRGINIA Montano Date of Signature: 2/12/20

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: VIRGINIA MONTANO
 CCFFH Address: 91-1037 KUHUNA ST EWA BEACH HI 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| C 46.(a) | Fire drill year 2018 and year 2019 from Jan to May was on file & attached on the other folder. Fire drill updated place into home binder. | 2/7/20 | Fire Drills will be done by each caregiver at least once a year. Home developed a schedule and has it posted on the refrigerator. |
| 53(b)(15) | Change daily visiting hours posted on the home chart. | 2/6/20 | Visiting hours no time limit according to my choice my way federal rule for unlimited visiting hours. |
| 54(b)(1) | Home chart was fix and arranged neat and clean w/ table of content for easy to locate during review. | 2/10/20 | Home chart must be organized and at professional or case management check the binder before due date. |
| 54(c)(2) | Service plan for Client #1 was obtained put on Client chart. | 2/5/20 | Service plan record always on Client chart when admitting a client. |

Primary Caregiver's Signature: Virginia Montano
VIRGINIA MONTANO

Print Name: VIRGINIA MONTANO Date of Signature: 2/12/20